

DGMC GENERAL INTERNAL MEDICINE ACUTE MEDICINE CLINIC (AMC) ROTATION

This curriculum is effective until 10/13/03. After that please see the Outpatient Medicine and Acute Medicine Curriculum.

I. Structure:

- a. PG1 Medicine residents - This is a required rotation for all PG1 medicine residents. Interns will be scheduled for their own continuity clinic on Wednesday afternoons and Friday mornings. In addition, they will assist with Flexible Sigmoidoscopies on Wednesday mornings. The rest of their time will be spent in the Acute Medicine Clinic (AMC).
- b. PG2/3 Medicine residents - This rotation is also required for all PG2/3's. Residents will have their own continuity clinic on Monday and Wednesday mornings. They will be scheduled for Medicine Consult Clinic on Tuesday afternoons and Pre-Operative Clinic on Tuesday mornings. In addition, they may perform Flexible Sigmoidoscopies on Thursday mornings. The rest of their time will be spent in the AMC.
- c. The AMC was developed to allow patients of the Internal Medicine Clinic better access to care for urgent problems. AMC appointments are booked on a same day first come first serve basis by the nurses and technicians at the front desk.

II. Purpose/Rationale/Value:

The AMC Rotation was developed to enhance the knowledge, skills, and attitudes of medical residents and students in the management of a broad range of patients in the Primary Care setting.

The rotation enhances the generalist competencies of the resident in a concentrated and structured format in order to help the resident efficiently manage a variety of clinical problems in the outpatient setting.

It is expected that each resident on the Ambulatory Medicine rotation will acquire:

1. The knowledge of a wide range of acute and chronic medical illnesses.
2. The clinical skills necessary for recognizing broad clinical syndromes and initiating proper therapy based upon a working knowledge of ambulatory primary care medicine.
3. The professional attitudes and behavior necessary to provide primary care to patients.
4. The experience required to become a proficient general internist with respect to acute ambulatory medical problems.

III. Objectives

- a. To learn and refine history taking and physical exam skills
- b. To define the etiology, pathogenesis, clinical presentation and natural history of diseases seen during these rotations.

- c. To develop an advanced level of skill in diagnosis, as well as mature judgment and resourcefulness in therapy.
- d. To learn the indications, contraindications, complications and limitations of specific procedures, to develop technical proficiency in performing these procedures, and to learn to interpret the results or the indications for the following specific procedures: arthrocentesis (knee and other joints), breast examination, bursal / soft tissue injection, exercise treadmill testing, flexible sigmoidoscopy, rectal examination, microscopic exam of urine, and gynecologic examination
- e. To refine the skills and techniques of effective communication: clear, concise, and complete oral and written presentations.
- f. To develop an appreciation for an approach to the ethical, cultural and socioeconomic dimensions of illness.
- g. To develop attitudes and skills needed for continued self-education throughout a professional career and the ability to critically assess the medical literature, including informatics.
- h. To appreciate the occupational and environmental impact upon disease in this population group.
- i. To appreciate the principles of legal and governmental regulation and the impact of cost containment.
- j. To develop knowledge, skills and attitudes to manage a wide array of primary care problems in the outpatient setting.
- k. To develop knowledge and skills in the management of patients in a Primary Care setting with clinical problems related to dermatology, office gynecology, office otolaryngology, office ophthalmology, women's health, and office orthopedics
- l. To develop knowledge, skills, and attitudes necessary to improve patient outcomes through continuous quality improvement programs.
- m. To learn appropriate use of screening and preventive measures, including women's health issues.
- n. To prepare the resident to function as a general internist without the benefit of being at a major medical center.
- o. To develop triage skills and learn how to organize priorities.
- p. To develop consultative skills for emergent, urgent, and routine consults referred to Internal Medicine from outlying bases/hospitals and other departments within the medical center.
- q. To learn pre-operative assessment and be a partner with the surgical services in the care of the surgical patient.
- r. To learn to order pertinent, cost effective diagnostic tests in a range of settings from emergent to routine.
- s. To recognize the indications, complications, and interactions of the multitude of medications the average internal medicine patient is prescribed.
- t. To train the resident to be an educator for patients, colleagues, and medical students

IV. Principal Teaching Methods

- a. The emphasis will be on seeing a broad range of patients. Each patient will be discussed with the AMC preceptor immediately after seeing the patient.
- b. The preceptor will provide brief, interactive lessons based on the patients seen in clinic that day.
- c. The senior resident will have the opportunity to precept interns and students in the AMC with immediate feedback from the attending preceptor.
- d. Resident should attend morning openers, noon conferences, grand rounds, journal club, etc, unless involved in direct patient care.

V. Recommended Resources

Residents are encouraged to read about all of their patients in an appropriate general Medicine text. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends UpToDate as a primary resource.

VI. Methods to be Used for Evaluation

The AMC attending will complete a formal written evaluation at the end of the rotation and give verbal feedback to the resident. The resident will also receive mid-month verbal feedback from the attending. The resident will complete an evaluation on the preceptor at the end of the rotation. In addition, interns should be observed during a mini-CEX exercise at least once during their AMC rotation.

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Suggested AMC Lecture Topics

- red eye
- end of life care
- chronic cough
- dementia/delerium
- abnormal LFT's
- anemia
- depression/anxiety d/o's
- atrial fibrillation
- palpitations
- vertigo
- headache
- dysphagia
- assessment and triage of GI Bleeding
- PUD
- GERD/dyspepsia
- acute diarrhea
- chronic diarrhea
- systolic and diastolic dysfunction
- hypertension
- anticoagulation
- evaluation of shoulder pain
- evaluation of knee pain
- back pain
- foot pain
- hormone replacement therapy
- prostate cancer screening
- colon cancer screening
- breast cancer screening
- cervical cancer screening/paps
- abnormal vaginal bleeding
- unexplained weight loss
- fatigue/weakness
- upper respiratory infections
- chronic cough
- urinary tract infections
- urinary incontinence
- BPH
- edema
- venous stasis
- TIA/CVA
- cellulitis
- syncope

- sleep disorders
- chest pain
- dyspnea
- peripheral neuropathy
- pre-operative evaluation
- drug SE's
- diastolic dysfunction
- CHF
- pneumonia
- COPD
- asthma
- PVD/ Claudication
- osteoporosis
- dermatology/onychomycosis
- IBS
- constipation
- hematuria/proteinuria
- lymphadenopathy
- impotence/sexual disorders
- SBE prophylaxis
- alcoholism
- immunizations
- diabetes
- profiles/MEB's
- herbal medicine/vitamins
- fibromyalgia/myofascial pain
- telephone medicine
- tobacco cessation
- SPN
- thyroid disorders
- STDs
- obesity
- acute renal failure
- chronic renal failure